

not be transferred, and, moreover, the objects would have to be drastically revised; for whereas the present objects are to promote the medical and allied sciences and to maintain the honour and interests of the profession, the first object of a trade union is the regulation of relations between workmen and masters. The legal view is that medical men are neither the one nor the other within the meaning of the Trade Union Acts."

## EDITORIAL COMMENTS

### The Physicians' Formulary\*

The Physicians' Formulary is now in the hands of the majority of the English speaking profession in Canada, and it is hoped that the French translation will soon be available also. This Formulary originated in a resolution of the General Council of the Association instructing the Committee on Pharmacy to prepare a Formulary broadly representative of the needs of medical practice in Canada. The work was completed in 1945, and is dedicated to Professor Velyien H. Henderson, who had over many years given so freely of his fine talents in the service of Canadian Medicine. His interest in the Formulary particularly was unremitting, and he lived to see the completion of the work, if not the actual publication.

This Formulary has been adopted by the Department of Veterans' Affairs as its official formulary. It is comprehensive but exceedingly compact and of convenient size. The practising physician will find it indispensable.

### A Matter of Terminology

It is rather curious that the diseases of old age and their care should only recently have acquired the status of a subject in itself. Whether this is due to greater solicitude born of social conscience, or to the fact that the old age group is making itself heard by mere weight of numbers, or to both, is not clear. It is certain however, that the care of the aged is now accepted as a necessary division of labour with its own distinct problems.

The terminology of the subject has been recently discussed in the British Journals.† One correspondent points out that "gerontology" is sometimes confused with "geriatrics". It is all a matter of Greek derivations. *Geron* is an old man and gerontology is the

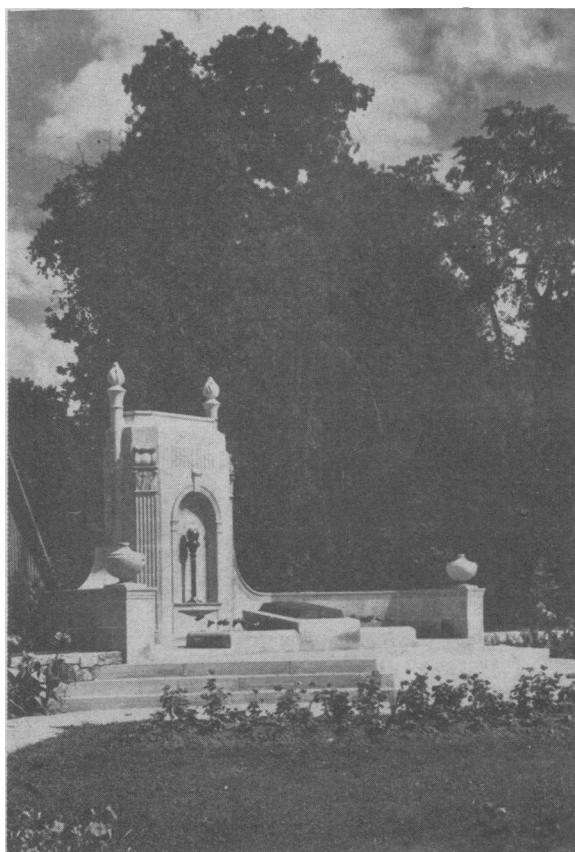
study of the aging process and its results. Geriatrics is derived from *geras* old age, and *iatros*, one who heals.

Another correspondent states however, that there is no Greek word "geria", and so geriatrics should more properly be gerontiatrics. Further, the women's rights have not been considered. Why should old people be taken to refer only to old men, especially as old women predominate? However, the Greek word for old women (*graus*) would produce the curiosity "griatrics".

Neither of these new coinings need be regarded as serious competitors with the present terms. Let us only hope that "gerontology" will not suffer the ill usage meted out to "pathology" or else we shall find students (and others!) casually remarking that some nonagenarian "has no gerontology".

### The John McCrae Memorial

A memorial garden and shrine to Colonel John McCrae was dedicated in Guelph, Ont., on August 5 last. The beauty and simplicity of the shrine is well shown in the accompanying



photograph. Immediately in front of the symbolic torch in its marble niche there is seen a large bronze book resting on a stone slab. The poem "In Flanders Fields" is inscribed across its open pages.

\* The Physicians' Formulary; The University of Toronto Press, 1946. To non-members of the Association \$1.00 in paper binding; \$1.50 in fabricoid.

† The Lancet, August 10, 1946, September 28, and October 5, 1946.

The garden with its shrine stands on the grounds of the cottage where John McCrae was born in 1872. It is illuminated at night and is open at all times to visitors. The Committee in charge of the Memorial have worked for long to establish this monument to a great Canadian physician, soldier and poet. Financial support however is still necessary to complete payment on the project, and subscriptions to it will be very welcome.

### **The Overseas Postgraduate Medical Journal**

The Fellowship of Postgraduate Medicine of London, Eng., has launched a new quarterly, with the above mentioned title. The journal

is designed primarily for postgraduates studying for higher qualifications, and aims at being always clinical rather than academical. The opening editorial comments are pleasantly provocative in their reflections on such points as: What constitutes minor surgery? What are the best methods of penicillin administration? What is the status of the surgical approach to hypertension? There are articles on peripheral vascular disease; malaria; thyroidectomy; the catarrhal child; danger signals in midwifery and a historical survey of ether anaesthesia. Illustrations are generously used in the text. We extend our best wishes to this new venture.

## **MEETINGS OF SPECIALIST MEDICAL SOCIETIES**

Arrangements for the meetings of various specialist societies at the same time as the Annual Meeting of our Association, have been receiving close attention.

In regard to the forthcoming annual meeting of the Canadian Medical Association in Winnipeg, June 23 to 27, 1947, it is announced that accommodation will be afforded affiliated medical societies and other medical specialist groups for meetings in the Royal Alexandra Hotel on Monday and Tuesday, June 23 and 24.

All available meeting rooms will be occupied during the remainder of the week by Sections of the Canadian Medical Association. Inquiries with respect to arrangements for meeting should be addressed to the General Secretary, 135 St. Clair Avenue West, Toronto 5, in the first instance, and they will be transmitted to the local Chairman of the Committee on Housing for confirmation.

## **ASSOCIATION NOTES**

### **Canadian Naval Service Benevolent Trust Fund — Medical Treatment**

The Canadian Naval Service Benevolent Trust Fund was incorporated on July 4, 1945, for the purpose of relieving distress and promoting the well-being of naval and ex-naval personnel and of their dependents. This Fund was created from the voluntary contributions of navy personnel, interested civilians and canteen profits of H.M.C. Ships. The Fund is registered under the War Charities Act.

Many applications handled by the Fund deals with accounts for medical treatment. Therefore, it is felt advisable to acquaint the members of the medical profession with the procedure used in dealing with these cases. The Fund is pleased to assist applicants if need for assistance is found to exist after an investigation is undertaken by the Fund's local representative. Where a case which appears to warrant assistance from the Canadian Naval Service Benevolent Trust Fund comes to the attention of a physician, the matter should be referred to the local representative or direct to the

head office of the Fund in Ottawa. The local representative is, in each case, the Commanding Officer of the Naval Division nearest to which the applicant resides. If possible, such reference should be made early in the course of treatment or investigation.

After consultation with the Canadian Medical Association, the Fund will settle accounts rendered to these patients in accordance with the scale of fees as approved by the Department of Veterans' Affairs.

Where it is indicated that a patient may require assistance, he or she should be cautioned as to the type of service requested, as the Fund must necessarily limit its aid to non-luxuries. Unless a doctor's certificate is furnished confirming the necessity of other than public ward accommodation, assistance will be restricted to public ward rates. The same principle applies to the hiring of special nurses. Where applicants can avail themselves of public clinical treatment, they should be encouraged to do so as assistance from the Fund in these cases will normally be restricted to the nominal fees charged by such clinics. In all cases the applicant will require a detailed statement of accounts for attachment to his application form. The same terminology as in the D.V.A. scale of fees is to be used.